County: Pierce ST CROIX CARE CENTER 1505 ORRIN ROAD

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Corporation Skilled No Yes 56

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Services Provided to Non-Residents	,	Age, Sex, and Primary Diagn	osis of	Residents (12/31	/00)	Length of Stay (12/31/00	0) %
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals	No No No No Yes No No No Yes	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures	% 0. 0 38. 5 0. 0 0. 0 3. 8 0. 0 0. 0	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	1. 9 5. 8 34. 6 44. 2 13. 5	Less Than 1 Year 1 - 4 Years More Than 4 Years **************************** Full-Time Equival Nursing Staff per 100 1 (12/31/00)	
Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled ************************************	No No No No No	Cardi ovascul ar Cerebrovascul ar Di abetes Respi ratory Other Medical Conditions	13. 5 11. 5 3. 8 7. 7 21. 2 100. 0	65 & 0ver Sex Mal e Femal e	98. 1 28. 8 71. 2 100. 0 ******	RNs LPNs Nursing Assistants Aides & Orderlies	8. 7 9. 5 26. 2

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Private			Pay	 I	Manageo	d Care		Percent		
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	2. 7	\$110. 34	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	1. 9%
Skilled Care	3	100.0	\$236. 58	30	81. 1	\$93. 84	0	0.0	\$0.00	11	91. 7	\$128.00	0	0.0	\$0.00	44	84.6%
Intermediate				6	16. 2	\$77. 34	0	0.0	\$0.00	1	8. 3	\$128.00	0	0.0	\$0.00	7	13. 5%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	3	100.0		37	100. 0		0	0.0		12	100.0		0	0.0		52	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti d	ons, Services	, and Activities as o	f 12/31	/00
beachs burning keporering refrou				%	Needi ng		•	Гotal
Percent Admissions from:		Activities of	%		stance of	% Totally	Nui	mber of
Private Home/No Home Health	3. 3	Daily Living (ADL)	Independent	One (or Two Staff	Dependent	Res	si dents
Private Home/With Home Health	16. 7	Bathi ng	0.0		82. 7	17. 3		52
Other Nursing Homes	0.0	Dressi ng	11. 5		76. 9	11. 5		52
Acute Care Hospitals	75. 0	Transferring	40. 4		36. 5	23. 1		52
Psych. HospMR/DD Facilities	0.0	Toilet Use	32. 7		44. 2	23. 1		52 52 52
Rehabilitation Hospitals	0. 0	Eating	65. 4		26. 9	7. 7		52
Other Locations	5.0	* * * * * * * * * * * * * * * * * * *	******	******	*******	*********	*****	*****
Total Number of Admissions	60	Continence	1 0 .1 .	%	Special Trea			%
Percent Discharges To:		Indwelling Or Externa		3. 8	Recei vi ng	Respiratory Care		9. 6
Private Home/No Home Health	32. 4	Occ/Freq. Incontinent		65. 4	Recei vi ng	Tracheostomy Care		0. 0
Private Home/With Home Health	14. 7	Occ/Freq. Incontinent	t of Bowel	34. 6		Suctioning		0. 0
Other Nursing Homes	7.4	161.1				Ostomy Care		0. 0
Acute Care Hospitals	13. 2	Mobility	1	r 0		Tube Feeding	D: -4	0.0
Psych. Hosp MR/DD Facilities	0.0	Physically Restrained	1	5.8	kecei vi ng	Mechanically Altered	Diets	13. 5
Rehabilitation Hospitals	0.0	Cl.: Como			Other Deside	nt Characteristics		
Other Locations Deaths	2. 9 29. 4	Skin Care With Pressure Sores		11. 5		ce Directives		67. 3
Total Number of Discharges	23.4	With Rashes			Medi cations	ice prrectives		07. 3
(Including Deaths)	68	with Masiles		5. 6		Psychoactive Drugs		57. 7
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		Ownershi p:		Bed Size:		Li censure:			
	Thi s	Propri etary		50- 99		Skilled		Al l	
	Facility	Peer Group		Peer Group		Peer Group		Faci l	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	80. 0	82. 5	0. 97	87. 3	0. 92	84. 1	0. 95	84. 5	0. 95
Current Residents from In-County	55. 8	83. 3	0. 67	80. 3	0. 69	83. 5	0. 67	77. 5	0. 72
Admissions from In-County, Still Residing	16. 7	19. 9	0. 84	21. 1	0. 79	22. 9	0. 73	21. 5	0. 78
Admissions/Average Daily Census	107. 1	170. 1	0. 63	141.8	0. 76	134. 3	0.80	124. 3	0.86
Discharges/Average Daily Census	121. 4	170. 7	0.71	143. 0	0.85	135. 6	0. 90	126. 1	0. 96
Discharges To Private Residence/Average Daily Census	57. 1	70.8	0.81	59. 4	0. 96	53. 6	1. 07	49. 9	1. 15
Residents Receiving Skilled Care	86. 5	91. 2	0. 95	88. 3	0. 98	90. 1	0. 96	83. 3	1.04
Residents Aged 65 and Older	98. 1	93. 7	1. 05	95.8	1.02	92. 7	1.06	87. 7	1. 12
Title 19 (Medicaid) Funded Residents	71. 2	62. 6	1. 14	57. 8	1. 23	63. 5	1. 12	69. 0	1.03
Private Pay Funded Residents	23. 1	24. 4	0. 95	33. 2	0. 69	27. 0	0.85	22. 6	1.02
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Résidents	38. 5	30. 6	1. 26	32. 6	1. 18	37. 3	1.03	33. 3	1. 15
General Medical Service Residents	21. 2	19. 9	1.06	19. 2	1. 10	19. 2	1. 10	18. 4	1. 15
Impaired ADL (Mean)	43. 8	48.6	0. 90	48. 3	0. 91	49. 7	0.88	49. 4	0.89
Psychological Problems	57. 7	47. 2	1. 22	47. 4	1. 22	50. 7	1. 14	50. 1	1. 15
Nursing Care Required (Mean)	4. 8	6. 2	0. 78	6. 1	0. 79	6. 4	0. 75	7. 2	0.67